

RESERVE OFFICER TRAINING CORPS (Navy ROTC)



DoDMERB GUIDE FOR MEDICAL PROCESSING

APRIL 2001

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INTRODUCTION

This guide was developed to provide assistance to Navy Reserve Officer Training Corps (ROTC) Detachment personnel in processing, organizing, and submitting medical examinations to the Department of Defense Medical Examination Review Board. It is strongly suggested that each Detachment maintain a copy of this guide and refer to it **BEFORE CONTACTING DODMERB**. Please forward recommendations for additions, deletions, or clarifications on this guide to Mr. Larry Mullen at his e-mail address below. All changes and subsequent revisions to this guide will be posted on the DoDMERB website:

<https://dodmerb.tricare.osd.mil>

We are striving to provide you with as much guidance as possible to assist you and the applicant in navigating through the medical process. This guide does not rescind or supersede any official DoD or Navy regulation or directive.

The most important action a Detachment can take is to notify DoDMERB of the Detachment address of an incoming 4-year or 3-year advanced designee (high school applicant). This may be done by contacting the Navy Section via e-mail at:

annamarie.stowe@dodmerb.tma.osd.mil.

(E.g. Subject line: NROTC DET 01 – Change of address/Text: John J. Jones, 121-44-0106 is now a member of this Det located at 1661 Redwood Path, Seaford, New York 11783. Please forward all future correspondence to this address.). This will ensure future DoDMERB correspondence is sent to the Detachment instead of the applicant's home address.

For 2-, 3-, or 4-year in college, on-campus scholarship applicants needing his/her file reactivated and reviewed, please notify the DoDMERB College Scholarship Program (in-college applicants as opposed to high schoolers) medical clerk at

sharon.ross@dodmerb.tma.osd.mil.

Commanders (Only) can contact Larry Mullen, Director of Operations, at anytime regarding specific applicants, policies or procedures. The preferred method is email at larry.mullen@dodmerb.tma.osd.mil. His work number is (719) 333-7856, DSN 333-7856, Fax number 3569 and his home number is (719) 266-5544. **Due to the number of commanders at all levels, he will not respond directly to anyone other than the Detachment commanders.**

MAJOR CHANGES IN THIS EDITION:

1. This guide contains only Navy information.
2. Detachment access to DoDMERB website for queries, monitoring and information regarding the DoDMERB process. (Page 13)

GLOSSARY OF TERMS

4-YEAR SCHOLARSHIP DESIGNEE	High school seniors awarded a four-year ROTC scholarship.
3-YEAR ADVANCE DESIGNEE	High school seniors awarded a three-year ROTC scholarship
APPOINTMENT NOTIFICATION CARD	An appointment listing is sent by the Contractor to the Detachment notifying them of the available exam dates and facilities for 2- or 3-year applicants. The Detachment is required to schedule the examination appointment within two (2) days of receipt of the examination authorization from the Contractor.
AUTOMATED REVIEW (AR)	Review of the applicant's medical file and search of the system for pending action or requirements. This review takes place each time an action occurs in the applicant's file.
BUMED	Bureau of Medicine and Surgery, Washington, DC (<u>Navy ROTC Waiver Recommending Authority</u>)
CERTIFICATION	The final <u>verified</u> DoDMERB medical status. Certification is program-specific and is valid for one cycle or one year, whichever occurs first.
CERTIFICATION DATE	The date contracting can occur. The date DoDMERB certifies Q, DQ, Waiver Approved, or Waiver Denied with the final medical status.
CIVILIAN EXAMINATION CONTRACTOR	Civilian organization contracted by DoDMERB to perform specific services for the completion of initial DoDMERB physical examination. The Contractor sub-contracts the physician, optometry and dental portions of the exam and performs an administrative QA before forwarding to DoDMERB. Currently the Contractor is Concorde, Inc., in Philadelphia, PA (<u>https://www.dodmets.com/</u>).
CNET	Chief, Naval Education and Training (<u>Navy Waiver Authority</u>)
CSP PROGRAM CYCLE	A one-year recruiting year. Each program has beginning and ending cycle periods; dates vary for each program. See: In- <u>C</u> ollege <u>S</u> cholarship <u>P</u> rogram
CYCLE DATE OF EXAMINATION	A one-year recruiting year.
DATE OF EXAMINATION	Date the physical examination was performed. All DoDMERB exams are valid for <u>two years</u> from the date of the examination, NOT the date of the final medical determination.

DISQUALIFIED	Medical status determination by DoDMERB indicating the applicant is not medically qualified for commissioning or entry into military service. Disqualifications are based on applicable DoD medical standards, published in DoD Instruction 6130.4, <i>Criteria and Procedure Requirements for Physical Standards for Appointment, Enlistment, and Induction in the Armed Forces.</i>
DoDMERB	Department of Defense Medical Examination Review Board
IN COLLEGE SCHOLARSHIP PROGRAM (CSP)	Programs managed at the Detachment level for scholarship applicants who are located at the college at the time of their application and selection.
MEDICAL STATUS	Indicates an applicant's file status (remedial, disqualified, or qualified).
MEPS	Military Entrance Processing Stations. Not acceptable for ROTC <u>Scholarship</u> physicals.
MTF	Military Treatment Facilities to include medical facilities of the Army, Navy, Air Force, and Coast Guard.
PREVIOUS MEDICAL UPDATE	DD Form 2372 (Statement of Present Health). A signed statement that there has been no change to the applicant's medical status since their initial exam as required by service specific directives. This is required after reactivation of an inactive file that still meets the two-year term of validity of the physical examination. Form available at: http://web2.whs.osd.mil/icdhome/DDEForms.htm
QUALIFIED	Indicates an applicant's final status as physically and medically qualified by DoDMERB for commissioning or entry into military service.
RECERTIFICATION	Required action once the original DoDMERB certification expires, or the applicant is transferring from one program to another. Certifications are valid for one year or one cycle.
REMEDIAL	DoDMERB requires additional information or evaluations from the applicant before a final medical status determination will be rendered.
SCHOOL ID CODE	The Detachment number. Please provide DoDMERB the detachment number on 3- and 4-year advance designee applicants upon their arrival on-campus. Schools <u>must</u> provide DoDMERB with written (e-mail or regular mail) notification of the applicant's address change (from home address to Detachment address) and clearly identify which program the applicant should be reviewed for (4-year / 3-year AD or 2/3-year CSP). For 2, 3, and 4-year on-campus CSP applicants the Detachment address must be in block 8 of the DD Form 2351. Failure to identify the Detachment will result in serious delay in processing. The physical <u>will not</u> be processed until identified by the Detachment.
SHIP DATE	Date the physical exam is printed and shipped to the detachment.

**SUB-CONTRACT
EXAMINER**

Physician, dentist, or optometrist contracted by the Contractor to complete specified portions of the initial DoDMERB physical examination.

TERM OF VALIDITY

The length of time the DoDMERB physical examination is valid. Initial examinations are valid for two years from the date of examination for all ROTC scholarship programs.

WAIVER

A waiver allows applicants to enter programs even though there may be a disqualifying medical condition. (NOTE: DoDMERB does **not** grant waivers. Waivers are granted by Bureau of Medicine and Surgery, Washington, DC.)

POINTS OF CONTACT/INFORMATION

(E-mail is the preferred method of communication)

DoDMERB ADDRESS

Department of Defense Medical Examination Review Board (DoDMERB)
8034 Edgerton Drive, Suite 132
USAF Academy, CO 80840-2200

**DoDMERB
TELEPHONE
NUMBERS**

**Monday – Friday:
Between 0700 – 1100 &
1300-1530 (Mountain
Time)**

NOTE: Faxes will only be sent when specifically requested by DoDMERB staff and will be limited to five pages or less. Other submission of remedials or related correspondence containing six or more pages should be sent via regular or overnight mail. Faxing often wastes valuable time because the copies are not clear enough for optical scanning. Mailing and faxing duplicates workload, which further delays processing.

Note to Detachment: In-college applicants' calls will NOT be accepted. Det personnel are the advocates representing all in-college applicants.

Four-year Navy ROTC applicants and parents:

Commercial: (719) 333-3562; DSN: 333-3562 (option 1 – 1)

- E-mail: navy@dodmerb.tma.osd.mil (medical questions)

Detachments (for 2- & 3-year CSP applicants – not advance designees):

Commercial: (719) 333-3562; DSN: 333-3562 (option 3)

- E-mail: sharon.ross@dodmerb.tma.osd.mil (status checks/additions/deletions/address changes) (Subject line will read: NROTC, DET 11). This will allow DoDMERB, in peak periods, to re-distribute the work load to ensure a more timely response.

All Detachments: Contact your service specific HQ for all 4-year ROTC status checks, as well as advance designees.

CONTRACTOR

Currently:
Concorde, Inc.
1835 Market Street, 12th Floor
Philadelphia, PA 19103-2994

- Phone numbers: (215) 587-9600 / Option 2 (0900-1700 EST)
- Fax numbers: (215) 587-9240 and (215) 563-7219
- Website: <http://www.dodmets.com>

SCHEDULING MEDICAL EXAMINATIONS

All four-year applicants, to include all Military Junior College (MJC) applicants, will be scheduled for physical examinations by DoDMERB through Military Treatment Facilities (MTF's) or the current civilian medical facility contractor.

NAVY PRESCREEN PROCEDURE

Before scheduling an applicant for a DoDMERB physical examination, the applicant will be prescreened by the Detachment IAW Chief, Naval Education and Training (CNET) guidance. Applicants should not be scheduled for a physical exam until they meet acceptable height / weight or body fat standards.

MILITARY TREATMENT FACILITY (MTF)

In-college, on campus scholarship applicants must be scheduled by their ROTC Detachment. The Detachment will schedule the examination and provide the applicant with the forms necessary PRIOR to going to the MTF to complete the physical (DD Forms 2351, 2492, and 2480). The forms can be downloaded from the following website:

<http://web1.whs.osd.mil/icdhome/DDEForms.htm>

It is the responsibility of the Detachment to ensure its address is in Block 8 of the DD Form 2351. Failure to identify the Detachment will result in untimely exam processing. The exam will not begin processing until the Detachment is properly identified via e-mail to Larry Mullen at larry.mullen@dodmerb.tma.osd.mil.

When a Detachment determines the need for a scholarship medical examination, it should contact their supporting MTF. In the absence of an MTF, the Contractor will be used (see further instructions). **NOTE:** Applicants must remove their soft contact lenses for a minimum of three (3) days and hard contact lenses for a minimum of 21 days prior to the exam. Allow **two to six weeks** from the time the appointment is made until the completion of the physical examination. The MTF will forward the completed exam to DoDMERB. MTF operational commitments and mission take priority over ROTC/CSP physical examinations.

MILITARY ENTRANCE PROCESSING STATION

DoDMERB will not accept ROTC/CSP physical exams conducted at a Military Entrance Processing Stations (MEPS). DoDMERB exams are more extensive and require special exams not performed by MEPS.

CONTRACTOR

In-college, on-campus applicants will be scheduled by their Detachments through the Contractor when an MTF is not available. Before a Detachment requests the Contractor to perform a physical, it must establish from the applicant whether he/she has completed a DoDMERB physical within the past one to two years. If the applicant is uncertain, the Detachment must contact DoDMERB. The applicant's social security number is needed to initiate the search.

If the applicant has a previous valid DoDMERB exam, the Detachment will use that physical exam. (NOTE: An exam is valid for two years from the date of the medical examination.) Please refer to "Previous Medical Examination" section for the correct procedures to follow.

ROTC CAMP PHYSICALS

DoDMERB does not process camp physicals or non-scholarship physicals. These are processed by your headquarters. No support will be provided for these programs UNLESS an exam was completed for a scholarship and can be utilized in lieu of obtaining another exam. Completed scholarship exams may be requested for use at camp and applicants that are going to camp to compete for a scholarship may undergo a DoDMERB exam. However, adequate lead-time must be allowed in the latter case to ensure a final determination is made PRIOR to leaving for camp.

CONTRACTOR

If an applicant has no current DoDMERB examination within the past two years, the Detachment schedules an exam through the Contractor using the following guidelines.

- Detachments contact Concorde at <http://www.dodmets.com> or if automation will be down for several days, the Detachment will prepare a letter stating their specific physical examination requirements. The letter will be forwarded to the Contractor only, not to DoDMERB.
- The Contractor will assign the applicant to a specific exam center.
- The Detachment will schedule the examination at the center authorized by the Contractor and provide the applicant with the forms necessary to complete the physical (DD Forms 2351, 2492 and 2480). The forms can be downloaded from the following website:

<http://web1.whs.osd.mil/icdhome/DDEForms.htm>

**Civilian
contract
companies will
not provide the
results of
examinations
or copies to
individuals or
Detachments.**

The Detachment is responsible for rescheduling any exam or a portion thereof.

- If rescheduling of the exam is necessary, the Detachment immediately contacts the supporting exam center. If the new exam date is more than five (5) working days after the original exam date, the Detachment notifies the Contractor and provides them with the examination date.
- Failure of an applicant to appear for a scheduled appointment will result in a cost charge to the government. After two failures to appear, the Contractor cannot authorize any additional examinations to be scheduled and the Detachment will be instructed to contact DoDMERB.
- Upon completion of all three parts of the physical exam, the examining facility forwards the exam to the Contractor, who, in turn, forwards the exam to DoDMERB.

It is important to remember that communications between Detachments and civilian contract companies should be limited to appointment scheduling and scheduling-related questions.

PREVIOUS MEDICAL EXAMINATIONS

PREVIOUS EXAMS

Detachments must determine if an applicant has had a previous DoDMERB exam that has been forwarded to DoDMERB for review. Determination is made by first asking the applicant, then verifying with DoDMERB that the exam is still valid.

- If the applicant has had a physical exam, it is valid for two years from the date of the medical exam; however the physical must be reviewed for the program for which the applicant is currently applying.

PREVIOUS EXAM REVIEW REQUEST

Detachments may request a current review of the previous physical exam by forwarding a memorandum of request. Please note: Exams more than two years old from the date of the exam will not be reviewed nor mailed to the Detachment. The following information must be included in the request:

- **Request must state that they are currently a scholarship applicant presently attending your school**
- **Detachment name** (Name of college/university)
- **Detachment number** (school office, school code number)
- **Applicant's name** (bold letters)
- **Applicant's social security number** (bold numbers)
- **Detachment point of contact person(s)**
- **Detachment's telephone number**

DD FORM 2372 (DoDMERB STATEMENT OF PRESENT HEALTH)

A Statement of Present Health should accompany the above request to save processing time. DD Form 2372 is required if the previous physical exam is more than one year from the examination date. Available at:

<http://web1.whs.osd.mil/icdhome/DDEForms.htm>

- Any changes to the applicant's medical history (surgeries, fractures, newly diagnosed medical conditions, medications, dental work, etc.) since his/her last physical exam must be reported to DoDMERB.
- The applicant completes the DD Form 2372 with his/her printed name, date, social security number and signature.

Upon receipt of the previous exam request and DD Form 2372, DoDMERB reviews the examination for the specific program for which the applicant is applying. This review accomplishes two things:

- Eliminates the need to complete new exam for the applicant
- Saves time and money for the government, the applicant, and the Detachment.

3-YEAR & 4-YEAR ADVANCE DESIGNEES

It is the responsibility of the Detachment to notify DoDMERB of an address change when 3- and 4-year advance designees arrive on campus via or e-mail at: annamarie.stowe@dodmerb.tma.osd.mil

Note: The program does not change unless the applicant did not receive a scholarship and is now applying for a new scholarship as on-campus CSP. This notification and request for review is sent to the CSP medical clerk at sharon.ross@dodmerb.tma.osd.mil and will be reviewed as a "Previous Examination".

PREVIOUSLY CERTIFIED EXAMS

If the Detachment requests a previously certified physical exam (for two- and three-year scholarship applicants) due to loss, school transfer, etc., a request must be submitted in writing, (to include Detachment address, applicant's name and social security number), explaining the reason for the request. **DoDMERB will not respond to telephonic requests for physicals.** The request should be addressed to the attention of the College Scholarship Program Medical Clerk.

If the applicant requests a copy of previous physical exam for his/her own personal use, training, or for inclusion in other school packages, the applicant must send a written request (to include his/her name, social security number and the reason for the request) to the attention of: Medical Records Section, DoDMERB. It is not certified by DoDMERB for scholarships and is stamped as such.

FOUR-YEAR SCHOLARSHIP EXAMS

Copies of all four-year scholarship exams, including advance designees (excluding those Navy applicants that are in-college applicants versus high school applicants) must be requested from: Chief, Naval Education and Training, NAS Pensacola, FL 32508-5100; *Telephone:* (850) 452-4968 ext. 322

ADVANCE DESIGNEES (PHYSICALS AND REMEDIALS)

Advance designees are four-year Navy Scholarship applicants who were not awarded full four-year scholarships but have been offered a three and a half or three-year scholarship. Advance designees are processed by DoDMERB through the end of the calendar year.

Detachments must identify advance designees at the beginning of a school year, and encourage them to complete their medical exams prior to 31 December to avoid additional delays in processing their exams. All four- and three-year advanced designee medical exams are automatically forwarded to CNET when the applicants are medically qualified/waivered, **and** have accepted a scholarship.

- Detachments will request copies of the medical exams from CNET.

NOTE FOR DETACHMENTS: If the applicant has not been identified for your program, all letters requesting remedial information for the advance designees will be sent to the designee's home address.

- If the applicant is already at the school and remedials are still pending, DoDMERB requires the correct address of the applicant.
- The Detachment must notify DoDMERB immediately, via e-mail or post, of the applicant's change of address. Verbal requests will not be accepted.

SUBMITTING PROCEDURES FOR MEDICAL EXAMINATIONS

MEDICAL EXAMS PERFORMED AT MTF'S OR CONTRACT FACILITIES

All initial medical exams on scholarship applicants must be performed using DD Forms 2351, 2480 and 2492, and will be forwarded by the examining facility to DoDMERB for review. DoDMERB will not accept exams performed on SF 88 or SF 93 for ANY PROGRAMS, INCLUDING ADEP. This is not form over substance; there will be too many remedials for exams that are not completed on the appropriate DoDMERB forms.

- The Contractor will review all parts of the medical exams for completeness prior to sending to DoDMERB.
- MTF's will review all medical exams performed at their facilities for completeness prior to sending to DoDMERB.

DETACHMENT ADDRESS

Detachments will ensure the Detachment address, to include the Detachment number, is in Block 8 of DD Form 2351 (Report of Medical Examination) to ensure results of the exam are reported to the appropriate ROTC unit. Immediately notify DoDMERB of any change in Detachment address or of a new Detachment number. Physicals received without the Detachment address WILL result in serious delays in processing. Unidentified exams will be placed in a "hold pattern". Such cases can result in lost scholarships, frustrated applicants, parents, CNET, and are the sole responsibility of the Detachment.

SUPPLEMENTAL REVIEW (REMEDIALS)

There are three types of remedial information requested by DoDMERB:

- Clarification of information provided by the applicant.
- Copies of medical records pertaining to injury or illness.
- A current medical evaluation/test by a physician or specialist.

Applicants have two options when obtaining a medical evaluation:

- Make arrangements with a physical examination office at a military treatment facility using the authorization letter sent by DoDMERB. The applicant must be in possession of the authorization letter when reporting for the examination. (NOTE: MTF's will perform the evaluation/ test(s) only if they have the ability and the staff available.) Please check to ensure the facility has the capability to perform the request tests prior to scheduling an appointment.
- Or, the applicant may obtain the evaluation or test(s) through civilian medical facilities **at their own expense**. This includes all follow-up tests at the current civilian medical facility. (The care obtained at the contracted facilities is considered a "civilian medical facility", **after** the initial physical examination is accomplished.) This means that any additional evaluations will be the financial responsibility of the applicant.
- Once all remedial action has been resolved, submit the results (or ensure the physician submits) to DoDMERB with applicant name and full social security on **all** pages.

Note: If the applicant is a military dependent make sure the applicant's social security number is used - not the sponsors.

MEDICAL EXAMINATION FINAL DISPOSITION

Once an applicant is physically qualified, DoDMERB indicates such on the medical examination and forwards a copy of the exam to the Detachment for in-college scholarship applicants. For 4-year/3-year Advance Designees (high school applicants), the DD 2368 serves as notification of final status.

The date a medical exam is certified to be qualified is a non-negotiable date. **NOTE:** Prior planning is necessary to ensure medical exams are certified and received by the Detachments prior to the contracting dates.

MEDICAL STATUS INQUIRIES

It is the responsibility of the Detachment to monitor, track and maintain applicant status files. The Detachment should develop a means to track applicant status to prevent unnecessary calls or inquiries.

On rare occasions when an applicant's medical status is necessary, the applicant's social security number is required to retrieve information.

DoDMERB will respond to requests for additional information, beyond that provided on the website, via e-mail. The subject line should read: NROTC DET 01, School Name, Status Request, SSN: xxx-xx-xxxx. If you have sent DoDMERB remedial information on an applicant, please allow at least 10 duty days before request a status check.

- For all three- and four-year advance designees, Detachments must contact their respective headquarters for status checks.
 - E-mail is, in most cases, both time and cost effective for dealing with inquiries. DoDMERB must be able to readily identify incoming e-mail from Detachments. The following format must be used in the subject line (failure to provide exact format will result in delays processing your request: **NROTC DET XX, school name**
-

WAIVERS

Two-,Three-, and Four-Year College Scholarship Program (CSP)

- When an applicant is disqualified, DoDMERB forwards a copy of his/her complete medical examination to the appropriate detachment. Any future correspondence, etc., from the detachment must be directed to BUMED.
- If the detachment decides to pursue a waiver for the applicant, they forward a copy of the disqualified applicant's exam to the Bureau of Medicine and Surgery (BUMED CODE 025) for waiver consideration.
 - Bureau of Medicine & Surgery (CODE 025)
23rd and E Street
Washington, D.C. 20372
- All waiver requests are forwarded with the applicant's medical examination to BUMED. **DO NOT SEND WAIVER REQUESTS TO DODMERB.**
- If it appears that DoDMERB disqualified a NROTC applicant in error or due to faulty information on the examination, please forward the correct information with a cover letter explaining the new information. This will constitute a rebuttal.

Four-Year & 3-Year Advance Designee Programs (High School Applicants)

- A disqualified applicant forwards a waiver request letter to DoDMERB. If further information or testing is required to support a waiver request, DoDMERB then informs the applicant.
 - Upon completion, the applicant's file is forwarded to BUMED for a waiver determination.
-

PROCESSING TIME FRAMES

CIVILIAN EXAMINATION CONTRACTOR

The Contractor is required to forward all completed reports to DoDMERB within 20 calendar days from the date of the medical examination.

- There may be times when the Contractor requests additional information from the applicant in order to meet contract obligations. The Contractor will hold the examination until the applicant provides the requested information. This may delay submission.

MILITARY TREATMENT FACILITY (MTF)

Military Treatment Facility's (MTF's) are required to forward completed medical examinations to DoDMERB within ten (10) duty days.

DoDMERB

DoDMERB has three separate processing actions, each having different levels of review resulting in differing time frames.

Initial medical examination

- Review process requires a minimum of fifteen calendar days from the receipt of the exam for initial medical status determination, but may take as long as thirty calendar days during high volume processing times. (February through June)

Remedial

- Review process requires five to nine calendar days from receipt of the remedial information to medical status determination, but may take as long as ten to fifteen calendar days during high volume processing times.

Certification date or shipping of the file

- When an applicant is medically qualified, his/her physical examination is printed by DoDMERB's computer system. This print date is the "Certification Date". The mail date is different and is in the order received and as time allows.

DODMERB MEDICAL EXAMINATION FORMS

Current medical examination forms may be accessed at the following website and used for the Detachment's needs:

<http://web1.whs.osd.mil/icdhome/DDEForms.htm>

- **DD Form 2351** (Report of Medical Examination), **SEP 2000**
- **DD Form 2492** (Report of Medical History), **SEP 2000**
- **DD Form 2480** (Report of Dental Examination), **SEP 2000**
- **DD Form 2372** (Statement of Present Health) **SEP 2000**

The DD 2351 and DD 2492 forms will be changing during this guidebook cycle (probably in the Summer of 2001). You will be notified electronically by a change page when this occurs.

Important Note: For CSP physicals, it is imperative that Detachments put the school address and the FICE Code in Block 8 on the DD Form 2351.

DoDMERB WEBSITE

The DoDMERB website (<https://dodmerb.tricare.osd.mil/>) is available for your use 24/7. This will allow you to track your in-college applicants (4-, 3-, 2-, and 1-year). High school applicants are still processed through Cadet Command. The website will be your **PRIMARY** means of information from DoDMERB. Please follow other procedures contained in this guidebook **ONLY** after you've consulted the website. The advantage for this procedure is that DoDMERB will spend **far less** time on the phones and processing emails and **far more** time processing your applicants. Comments regarding the website appearance or functionality may be sent to larry.mullen@dodmerb.tma.osd.mil. Please place the following subject on your email "Website Improvement". Otherwise, due to the vast number of ROTC Detachments/Detachments from all Services; he will only accept questions on policies, procedures, or specific cases from Detachment Commanders or above.

Security of the website is imperative due to Privacy Act information. It is a secure website, but the use of User IDs and passwords must be maintained at all times and is, as always, a command responsibility.

REMEDIAL CODES

001. **NOT USED**

002. Please obtain a color vision test at a Military Treatment Facility (hospital or clinic) utilizing the Farnsworth Lantern in accordance with the **attached DD Form 2489**. (**NOTE:** Farnsworth Dichotomous or other variations are NOT acceptable for this test.) This test must be performed or verified by a military optometrist, flight surgeon, or by any other physician experienced in and capable of performing this test.

003. This test must be performed or verified by an optometrist, flight surgeon, or by a physician experienced in performing this test. Please obtain a color vision test utilizing pseudo-isochromatic plates. The examiner must specify the name of the test used, the number of plates passed, and the number of plates failed.

004. Please obtain a Red/Green Color Vision Test using only the bottom portion of the attached **DD Form 2489**. Any doctor, qualified medical technician, or school nurse may perform this test.

005. **NOT USED**

006. Please obtain a current liver function study.

007. Please obtain a hemoglobin AND hematocrit blood test.

008. Please obtain a complete blood count with indices.

009. Please provide the results of blood pressure and pulse readings taken in the sitting position, once in the morning and again in the afternoon for three consecutive days. The **attached DD Form 2370** must be used. A physician or school nurse may accomplish this test. Also indicate on the back of the attached form if you are currently on any medications, and if so, give complete details.

010. Please obtain a current echocardiogram and a written interpretation.

011. Your repeat urinalysis has continued to show a trace or more of protein. This could be an abnormal finding. We need to ensure that kidney impairment is not the problem, and in doing so, will start with the most definitive test:

We require a total 24-hour urinary protein and volume level test. It is recommended that exercise be kept to a minimum for three days prior to testing.

012. Please obtain a CURRENT (within 45 days of receipt of this letter) consultation by an internal medicine specialist in regard to a possibly abnormal electrocardiogram (EKG). Please provide any history of or presence of an arrhythmia or other cardiac problems as part of this examination. The **EKG is attached** for review.

013. Please obtain a CURRENT (within 45 days of receipt of this letter) consultation by an internal medicine specialist with regard to _____.

014. Please obtain a CURRENT (within 45 days of receipt of this letter) consultation by a cardiologist with regard to _____. The **EKG is attached** for review. This evaluation must include an exercise treadmill test and an echocardiogram.

015. Please provide a report of a CURRENT (within 45 days of receipt of this letter) evaluation by a neurologist with regard to your history of head injury, unconsciousness, skull fracture, or neurosurgery. Evaluation must include a CURRENT (within 45 days of receipt of this letter) CT Scan. Please forward a written interpretation of skull x-rays if deemed necessary by the neurologist, or if there is a history of a skull fracture or surgery to the skull or brain, to include burr holes. Provide a copy, unless previously furnished, of the original hospital summary, or treatment records if not hospitalized.

016. Please obtain a CURRENT (within 45 days of receipt of this letter) consultation by a neurologist regarding _____.
017. Please obtain an evaluation by a cardiologist regarding the atypical findings that were noted on your recent EKG. The evaluation must include a complete history of any arrhythmias or other cardiac problems, an echocardiogram, and a treadmill electrocardiogram. A copy of the EKG is enclosed.
018. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by an ear, nose, and throat specialist regarding _____.
019. **NOT USED**
020. Ninety days after orthokeratology is completed and retainer lenses are no longer required, please provide results of cycloplegic refraction on **attached DD Form 2369**. If you wish to be considered before the 90-day waiting period, obtain results of keratometer readings and refractions at weekly intervals. Readings will be taken without lenses and/or retainers during this period. When the corneal structure has returned to its original shape, as evidenced by consecutive stabilized readings, forward all results to DoDMERB.
021. Please obtain a hearing test (audiogram). The test must be conducted in the 500, 1000, 2000, 3000, 4000 and 6000 frequency ranges of both ears. Please have the examiner forward the actual recording and indicate the standard (ISO, ANSI, ASA) used.
022. Due to wide disparities noted in previously submitted examinations or tests, the requested REPEAT evaluation must be completed at a Military Treatment Facility.
023. Please provide a CURRENT (within 45 days of receipt of this letter) evaluation by a dermatologist regarding _____.
024. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by a surgeon with regard to a possible hernia noted at the time of your recent medical examination.
025. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by a surgeon regarding _____.
026. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by an allergist regarding _____. The evaluation must include the following:
- a. A complete and detailed history of reactivity to allergens to include dates, symptoms experienced, medications used for relief, effectiveness of those medications, and any other information deemed pertinent.
 - b. The Allergist must specifically comment on any allergic reactions to the above.
 - c. If you have not already done so, please obtain and forward copies of all of your medical/health records related to allergies.
027. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by a psychiatrist concerning _____. This evaluation must be done at a Military Treatment Facility with focus on military adaptability.
028. Please obtain an evaluation by a speech therapist or speech pathologist due to your failure of the reading aloud test, or a history of stammering or stuttering, on your recent examination.
029. Please provide copies (NOT ORIGINALS) of **ALL** medical treatment records **FROM BIRTH TO PRESENT DATE** regardless of illness, injury or treatments received. Summary letters are not acceptable and a signed statement indicating these are all available records without exception must be submitted with package.

030. Your dental examination identified carious or defective teeth that may need to be restored. Please take this letter to your dentist and have the necessary treatment completed. The following teeth were identified as needing treatment: _____.
- Please have your dentist provide a statement upon completion of treatment.
031. Please have your dentist provide a statement when endodontic treatment of your decayed or abscessed teeth is complete. **(See attached letter for description of defects)**
032. Please provide dental evaluation and treatment of your periodontal (gum) disease. Have your dentist provide a statement when treatment is complete. **(See attached letter for description of defects)**
033. Please have your dentist provide the oral surgery evaluation previously requested. **(See attached letter for description of defects)**
034. The dental x-rays from your recent examination are missing or of poor diagnostic quality. Please have **bitewings** and **panoramic** x-rays taken and forward them to the above address. (Full mouth x-rays are not acceptable.) Ensure that your full name and social security number identify your x-rays. **NOTE:** In many cases, you may obtain these x-rays free of charge at the nearest military (**not Veterans Administration**) dental clinic. Please call the facility for information. If you prefer, you may see your local dentist **at your own expense**. If the above x-rays have previously been taken and sent, then disregard this request.
035. A review of your x-rays indicates a tooth that is unrestorable due to decay, fracture, insufficient remaining tooth structure, or associated pathology; or is impacted with associated pathology. Treatment for this condition is extraction. The following teeth were identified for extraction: _____
- Please have your dentist provide a statement upon completion of treatment.
036. You have a missing tooth or teeth that must be replaced by a satisfactory fixed or removable prosthesis. The following tooth or teeth require replacement: _____
- Please have your dentist provide a statement upon completion of treatment.
037. **NOT USED**
038. Please forward CURRENT (within 45 days of receipt of this letter) dental study casts to better demonstrate your occlusion. Please index lines on the maxillary and mandibular casts to indicate proper occlusal relationship or provide an interocclusal registration so the casts can be properly related.

NOTES:

1. You may obtain these casts free of charge at the nearest military (**not Veterans Administration**) dental clinic. Please call for an appointment; or, you may see your dentist **at your expense**.
2. Please ensure the casts are identified with **your full name and your social security number**.
3. Please ensure that casts are properly trimmed to facilitate proper occlusal relationship. Casts, which cannot be properly articulated, will be returned.
4. Please prepare the casts properly for mailing to avoid damage in the postal system. Foam rubber packing materials work best.

039. Please have your orthodontist provide a report of your orthodontic treatment. Active orthodontic appliances for continuing treatment are not permissible at the time of entrance to a Service Academy. Retainer appliances are permissible provided all active orthodontic treatment has been satisfactorily completed. If you are applying for any Four-Year ROTC Scholarship Programs, all active orthodontic treatment must be completed prior to your being commissioned. Please ensure that your Orthodontist identifies you by **your full name and social security number**.

Your final medical status cannot be determined until we receive this information.

- a. Date treatment began
- b. Method of treatment (Edgewise, Begg, etc.)
- c. Estimated date of completion of active treatment
- d. If orthognathic surgery will be involved, please specify
- e. Statement that all teeth appear caries free

040. Please provide a baseline pulmonary function test (PFT) including the values for FVC, FEV1, MEFR 25-75%, and lung volumes. **DO NOT** use any type of bronchodilator, steroid or other asthma/breathing and allergy medication for 72 hours prior to the test.

041. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by an urologist with regard to _____.

042. **NOT USED**

043. Please obtain an eye examination limited to the determination of horizontal and vertical phorias.

044. Please provide an evaluation by an optometrist or ophthalmologist to measure horizontal and vertical distance phorias or tropias (recording results in prism diopters). This evaluation should include an assessment of ocular motility and binocularity, checking for diplopia and/or suppression in ALL directions (all cardinal meridians) of gaze.

045. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by an ophthalmologist with regard to _____.

046. Please obtain a CURRENT (within 45 days of receipt of this letter) consultation by an orthopedic surgeon in regard to a history of knee problems (surgery, injury, etc). If hospitalization, surgery, or other treatment was required, **please provide copies of hospitalization or treatment records, to include operative report**, to the examining physician for review and also forward same to DoDMERB. Evaluation should include specific mention of anterior drawer signs, Lachman's test, pivotal shift test, atrophy (if any, the results of bilateral strength or motion testing, isokinetic testing on an appropriate machine – please state machine type and norms for testing). Also, provide information regarding the extent of your participation in athletics during the past year. List and explain in detail if there were any restrictions imposed by the above condition or if any external supports or braces were required.

047. **NOT USED**

048. Please obtain a CURRENT (within 45 days of receipt of this letter) consultation by an orthopedic surgeon in regard to back pain, to include a detailed history, musculoskeletal and neurological status of the back, and a written interpretation of appropriate xray films. Also, provide information regarding the extent of your participation in athletics during the past year. List and explain in detail if there were any restrictions imposed by the above condition or if any external supports or braces were required. **If a physician or other health practitioner has treated you, please provide copies of treatment records if you have not already done so.**

049. Please obtain a CURRENT (within 45 days of receipt of this letter) consultation by an orthopedic surgeon concerning a history of shoulder dislocation/separation, to include a detailed history, dates of dislocation, methods of reduction, any operative procedures, range of motion, and a written interpretation of appropriate x-ray films. Also, provide information regarding the extent of your participation in athletics during the past year. List and explain in detail if there were any restrictions imposed by the above condition or if any external supports or braces were required. **Please provide copies of treatment records if you have not already done so.**
050. Please obtain a CURRENT (within 45 days of receipt of this letter) consultation by an orthopedic surgeon with regard to _____. If either hospitalization or surgery were required for this condition, please provide a copy of the narrative summary and operative report to the examining orthopedic surgeon for review and to this Board with the orthopedic surgeon's current evaluation. Also, provide information regarding extent of your participation in athletics during the past year. List and explain in detail if there were any restrictions imposed by the above condition or if any external supports or braces were required. **Please provide copies of treatment records relating to above condition if you have not already done so.**
051. You are under the minimum allowable weight of _____ pounds for the _____. Please submit a statement from a physician or school nurse when you have reached the required weight.
052. **NOT USED**
053. Please obtain a standing height, without shoes, measured in inches, to the nearest ¼ inch and weight measured to the nearest pound. Your school nurse or family physician may accomplish this.
054. Please provide the results of a REPEAT routine urinalysis to include a full microscopic exam, sugar, and protein determinations. You should empty your bladder just before going to bed, avoid any exertion before retiring to bed, and collect the specimen immediately upon arising in the morning. Three days later, submit another specimen collected in the same fashion (**a total of two are required**). The specimen should be a clean catch, midstream specimen (ask your doctor for further instructions on this technique). It is recommended you avoid strenuous physical activity for two or three days prior to submitting these specimens. Females should wait at least 7-10 days after their menstrual cycle.
055. **NOT USED**
056. Please obtain an evaluation by a physician regarding gynecomastia noted on your medical examination. Evaluation should confirm breast tissue is actually under the areola; testicular examination determining size of testicles in relation to the average growth process and comments on other secondary sexual characteristics.
057. **NOT USED**
058. Please forward a written interpretation of CURRENT (within 45 days of receipt of this letter) x-ray films of your previously fractured wrist. **DO NOT** forward actual x-ray film.
059. Please forward a radiologist's written interpretation of CURRENT (within 45 days of receipt of this letter) x-ray films of _____.
060. Please have your dentist provide a statement when impacted tooth #32 has been removed. This is a specific Merchant Marine Academy requirement and is mandatory for that academy.
061. Please provide additional information regarding hay fever, allergies, sinusitis, asthma and/or urticaria on the **attached DD Form 2382, Statement of History Regarding Allergies**. You may answer these questions yourself. You do not need to see your physician or return to the examining facility. **However, if a physician or other health practitioner has treated you, please provide copies of treatment records.**
062. Please forward details regarding your positive response to "broken bones". Provide information regarding bone(s) fractured, age of occurrence, treatment administered and any other pertinent information. If your WRIST was broken after the age of 14, obtain a CURRENT (within 45 days of receipt of this letter) x-ray and forward the written interpretation. **DO NOT** forward the actual x-ray film.

063. Please provide a detailed history of all occurrences of motion sickness to date on the **attached DD Form 2381**, Statement of History Regarding Motion Sickness. Please ensure that you list any medications used to control your motion sickness and the frequency you take the medication(s) in block 6 of the **DD Form 2381**.
064. Please complete the **attached DD Form 2380** regarding your medical history of sleepwalking.
065. Please provide additional information concerning enuresis (bed-wetting), to include frequency, age at last occurrence, treatment or medications, and any other pertinent information.
066. Please complete and return the **attached DD Form 2372**, Statement of Present Health.
067. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by a physician to determine ability to ventilate the middle ear by the Valsalva maneuver.
068. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by a nephrologist regarding _____.
069. Please obtain a standard 12-lead electrocardiogram, with a rhythm strip and **FORWARD** the **ORIGINAL** tracing with the physician's written interpretation. If this was accomplished in conjunction with your recent medical exam, please contact the examining facility and **FORWARD** the **ORIGINAL** tracings with the physician's written interpretation.
070. Please have your dentist provide a statement when impacted tooth #17 has been removed. This is a specific Merchant Marine Academy requirement and is mandatory for that academy.
071. Please obtain a reading aloud test to rule out any speech defect, e.g., stutter, stammer or lisp. A speech pathologist, family physician, school nurse or a speech instructor may accomplish the test.
072. **NOT USED**
073. **NOT USED**
074. Please obtain a sitting height. The applicant should be seated on a hard surface with back against wall, hips flexed at 90 degrees, lower legs dangling free, and torso erect with head facing directly forward. Measure the sitting height from the top of the head to the hard surface, and record to the nearest quarter inch.
075. Please obtain an eye examination limited to the measurement of depth perception with correction. The examiner should specify the type of test used and score.
076. Please provide additional information regarding _____. As appropriate, include frequency, age at last occurrence, severity, circumstances, and any other pertinent information. **If a physician or other health practitioner has treated you, please provide copies of treatment records if you have not already done so.**
077. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by a physician regarding _____.
078. Due to your history of having lived with someone who had tuberculosis, please provide the results of a CURRENT (within 45 days of receipt of this letter) Intradermal Purified Protein Derivative (IPPD) Skin Test. If IPPD is positive or if you are a known IPPD converter, provide the results of a CURRENT (within 45 days of receipt of this letter) chest x-ray and treatment records/proof of INH initiation.
079. **NOT USED**
080. Please obtain a REPEAT urine microscopic examination (**NOT** a drug urine). The urine specimen should be a mid-stream specimen. Prior to the test you should not participate in strenuous exercise for at least 24 hours. If you are a female, you should obtain this examination 7-10 days after your menstrual period.
081. **NOT USED**

082. **NOT USED**
083. Please obtain pulse reading as follows, in the order listed:
In the sitting position
Immediately after running in place for one minute
- These may be accomplished by a school nurse, family physician, or qualified paramedical personnel.
084. **NOT USED**
085. Please obtain a REPEAT 12-lead electrocardiogram (EKG) with your heart rate greater than 80 beats per minute (BPM). This test can be accomplished in any practitioner's office using standard EKG equipment. Recommended procedure: **All EKG leads should be connected to the patient in the appropriate manner. The patient should then be instructed to stand and run in place until the heart rate reaches approximately 100 BPM. Immediately afterward, have the patient lie down on the EKG table and perform a standard test.**
- SPECIAL NOTE: A treadmill stress test is not required.**
086. Please have the cerumen ("wax") removed from your ear(s) and obtain an examination by a physician. Examination should include your ability to ventilate the middle ear by Valsalva maneuver and the presence or absence of a tympanic membrane perforation or other significant findings.
087. _____.
088. Please return to the examining facility and request that they complete the items circled or shaded on the attached **DD Form 2351** and return the completed form to DoDMERB.
089. **NOT USED**
090. Please provide the results of an eye evaluation due to your failure of the depth perception test. The examiner should rule out tropia and motility defects. A REPEAT depth perception test is required, indicating the score and the type of test used.
091. Please obtain a REPEAT standard 12-lead electrocardiogram with a rhythm strip. Forward the **ORIGINAL** EKG to DoDMERB. Previous tracing obtained on your recent medical examination was of poor quality.
092. **NOT USED**
093. Please complete the omitted items on the **attached DD Form 2492**. Provide complete details, (e.g., frequency, age at last occurrence, severity, circumstances, etc.) for any "yes" or "don't know" responses.
094. Please obtain a consultation by an orthopedist or podiatrist relating to your pes cavus/pes planus foot condition. Specifically, indicate any lack of subtalar motion; prolonged pain when standing, walking, or other weight bearing activities; and/or stiffness or deformity impairing normal function. Is the condition of such a degree that it would interfere with the wearing of military boots and personal protective equipment (cold weather boots or special shoes)? If orthotics are prescribed, does it properly alleviate symptoms of pain or discomfort, and are they required in all footwear or just a specific duration of time (sports, hikes, etc.). Does condition interfere with athletic sports or require special adjuncts (other than orthotics, such as braces, taping, etc.). Additionally provide information on the level of physical activity within the past year and any limitations relating to your condition.
095. **NOT USED**
096. Please obtain an eye examination limited to the near point of convergence (with the zero mark of the ruler placed approximately 15mm from the corneal surface). The object being used should be started at the far end of the ruler and moved slowly toward the nose. The point of convergence is that point on the ruler that marks the greatest convergence of the eyes (prior to breaking fusion), and should be recorded in millimeters or inches.
097. **NOT USED**

098. **NOT USED**
099. When you have fully healed and/or recovered from _____, please forward the following:
1. COPIES of all treatment records and progress notes
 2. A physician's statement, which lists any limitations to physical activity
 3. A personal statement regarding your athletic abilities and your participation in sports
100. Please provide the beginning and ending dates of your last menstrual cycle.
101. **NOT USED**
102. **NOT USED**
103. **NOT USED**
104. **NOT USED**
105. **NOT USED**
106. **NOT USED**
107. **NOT USED**
108. Curvature of the spine was noted on your recent DoDMERB physical examination. So that we can properly evaluate this condition, please comply with the following instructions:
- a. If you have previously been evaluated or treated for spinal curvature, muscular, or skeletal back disorder, you must obtain and forward copies of those medical records to DoDMERB. This must include a radiology report, including curvature measured in degrees
 - b. If no records exist, obtain an upright thoracolumbar x-ray series. The radiologist must use the **Cobb Method** to determine the degree of scoliosis. Forward both the x-rays and the radiologist determination to DoDMERB.
 - c. In either case, you must also submit a statement regarding your participation in athletic activities over the past year. List and explain any physical restrictions that have been imposed and if a back brace was or is now required.
109. **NOT USED**
110. **NOT USED**
111. Please provide a CURRENT (within 45 days of receipt of this letter) evaluation by a dermatologist regarding your skin rash, eczema, psoriasis, or a history thereof. Evaluation to include identification of type of skin condition, approximate age or date of onset, medications currently prescribed, prognosis, and any other pertinent data. If a physician or other health practitioner has treated you, please provide copies of treatment records.
112. Please provide a CURRENT (within 45 days of receipt of this letter) evaluation by a dermatologist regarding acne. Evaluation to include degree of severity, (cystic/non-cystic) treatment and/or medications you are receiving, and whether or not the acne will interfere with the wearing of protective equipment; i.e., oxygen mask, shoulder harness, etc.
113. **NOT USED**

114. Please provide a CURRENT (within 45 days of receipt of this letter) detailed allergist report concerning insect bites/stings. This report is to include the following:
- Is there a bona fide history of moderate or severe generalized (as opposed to local) allergic reaction to insect bites or stings.
 - Type and amount of medication used and length of treatment.
 - Copies of initial emergency room or doctors' office records, and all subsequent follow up treatment records.
 - Report of type and duration of hyposensitization (if any) employed, giving inclusive dates.
 - Has appropriate diagnostic venom testing demonstrated that the allergy no longer exists? Specify testing method and results.
115. Please obtain a CURRENT (within 45 days of receipt of this letter) evaluation by a physician regarding skin grafts or major scar tissue. Evaluation should include range of motion, inability to wear protective equipment/clothing, and if prone or subject to trauma.
116. NOTE: Consideration for your Air Force medical waiver has been temporarily deferred pending completion of the attached Waiver Authority's request for additional evaluation/information. Waiver processing will continue upon completion and return of requested results (**please see the attached**).
117. A waiver for _____ has been approved. However, to finalize your medical qualification process the following tests/evaluations must be completed:
118. At the request of one or more of the Academies and/or Reserve Officer Training Corps (ROTC) programs, please provide all of the following tests/evaluations. These are needed to complete your medical examination to support waiver consideration for you. You are reminded that your medical status cannot be finalized without your response.
119. **NOT USED**
120. Accutane therapy must be discontinued for at least eight (8) weeks before DoDMERB can reconsider your medical status. With your physician's concurrence, we recommend completion of the prescribed course of therapy (usually 20 weeks), rather than abruptly stopping the medication in order to be qualified. Please have your physician let us know the **date you completed therapy and the clinical results. In addition, eight (8) weeks following Accutane cessation**, we will need:
- An opinion by your dermatologist regarding the clinical results of your treatment
 - Laboratory tests to include: A complete blood count, liver function tests, fasting cholesterol and triglycerides
 - A slit lamp and funduscopy evaluation of the eyes
121. Please obtain a CURRENT (within 45 days of receipt of this letter) chest x-ray and forward the radiologist's written interpretation. DO NOT forward the actual x-ray film.
122. **NOT USED**
123. **NOT USED**
124. **NOT USED**
125. **NOT USED**
126. **NOT USED**
127. **NOT USED**
128. Please provide copies (**NOT ORIGINALS**) of treatment and/or hospitalization records regarding _____, to include all follow-up records (summary letters are NOT acceptable).
129. **NOT USED**

130. Please provide copies of initial evaluation and history leading to your requirement for allergy desensitization. **DO NOT** send copies of weekly/monthly injection records.
131. Please obtain a CURRENT (within 45 days of receipt of this letter) consultation by an urologist with regard to a hydrocele or varicocele noted on your recent physical examination. The evaluation should include the size, location, whether or not you are symptomatic, and should also rule out an associated hernia or tumor. Additionally, examiner should state whether or not surgery is indicated. **NOTE:** When determining the size of your hydrocele or varicocele your urologist is to compare it to the size of your testicle. If it is the same size as your testicle, then it is to be termed as moderate in size. If it is smaller than your testicle, then it will be termed as small. If it is larger than your testicle, your hydrocele or varicocele is to be termed as large.
132. **NOT USED**
133. Please provide a copy of the results of a manifest refraction that corrects your near and distant vision to 20/20 in each eye. Evaluation must include uncorrected and corrected vision at near and distant. If you wear contact lenses, they must be removed prior to examination; 3 days for soft contacts and 21 days for hard contacts or color-correcting lenses. A statement concerning the removal of your contacts must be included in this report.
134. Please provide the results of a CURRENT (within 45 days of receipt of this letter) consultation by an orthopedic surgeon concerning your history of Osgood-Schlatter's disease. Evaluation must include specific statements as to any symptomatology, prominence of the part and x-ray evidence of separated bone fragments. Also, provide information regarding the extent of your participation in athletics during the past year. List and explain in detail if there were any restrictions imposed by the above condition or if any external supports or braces were required. **Please provide copies of treatment records relating to above condition if you have not already done so.**
135. Please complete the **attached DD Form 2492**, Report of Medical History and return to DoDMERB. Give complete details (e.g., frequency, age at last occurrence, severity, circumstances, etc.) for any "yes" or "didn't know" responses.
136. Please obtain an eye examination limited to the Cover Test. The examiner should note any muscle balance deviation (Phorias or Tropias). If Esotropia or Exotropia is noted, measure it and record the amount in prism diopters. Also, record "ortho" or orthophoric when the applicant is found to be orthophoric.
137. **NOT USED**
138. Please provide a CURRENT (within 45 days of receipt of this letter) consultation by a gynecologist regarding _____.
139. **NOT USED**
140. Please provide close-up color photographs of _____. Place your full name, social security number, and date photo was taken on the back of the photographs.
141. Please have a panoramic x-ray taken and forward it to the above address. (Full mouth x-rays are not acceptable.) Ensure that your x-ray is CURRENT (within 45 days of receipt of this letter) and is identified by your full name and social security number. **NOTE:** In many cases, you may obtain this x-ray free of charge at the nearest military (**not Veterans Administration**) dental Clinic. Please call the facility for information. If you prefer, you may see your local dentist **at your own expense**.
142. Please have bitewing x-rays taken and forward them to the above address. Ensure that your full name and social security number identify your x-rays. **NOTE:** In many cases, you may obtain these x-rays free of charge at the nearest military (**not Veterans Administration**) dental clinic. Please call the facility for information. If you prefer, you may see your local dentist **at your own expense**.
143. Please provide the results of a REPEAT audiogram of both ears, to include air conduction and bone conduction in the 500, 1000, 2000, 3000, 4000, and 6000 Hz frequency ranges, and speech reception thresholds. Please have the examiner forward the actual recording and indicate the standard (ANSI, ISO, ASA) used.

144. Please provide a CURRENT (within 45 days of receipt of this letter) single blood pressure in the sitting position. The test may be accomplished by your family physician, school nurse or qualified paramedical personnel. Test is to be accomplished without sedation; however, a short period (not greater than 15 minutes) of rest is recommended prior to testing. NOTE TO THE EXAMINER: If the applicant's arm circumference is greater than 28 cm., please use an oversized blood pressure cuff.
145. Please answer the following questions regarding changes/irregularities in your menstrual cycle:
- Age at onset of menstrual cycle: _____
- Describe the last six months of your menses, i.e., approximate dates, length of period, type of flow (heavy/moderate/light/spotting):

- If cramping exists, how severe are cramps, do they interfere with normal activities and what medication, if any, is taken for relief of pain?

- List physical activities you regularly participate in: _____

- Are you sexually active? _____
- Have you been examined by a physician (GYN, Family Practitioner, Internal Medicine) for GYN/menstrual problems? _____ When? _____
- What did the doctor say the problem was? _____

- How was the problem treated?

- Do you currently take birth control medication? If yes, state the medication, dose and reason for use:

146. Please have the **attached DD Form 2480**, DoDMERB Report of Dental Examination, completed by a dentist. When completed, return to DoDMERB.
147. Please obtain an eye examination by an optometrist or ophthalmologist to assess binocular vision and ocular motility. If binocularity is not present in all positions of gaze, indicate whether diplopia or suppression was noted. Furthermore, the examiner should explain whether the Diplopia interferes with visual function.
148. **NOT USED**
149. **NOT USED**
150. **NOT USED**
151. Please forward CURRENT (within 45 days of receipt of this letter) x-ray films of _____, together with the radiologist's written interpretation.
152. Please complete the **attached DD Form 2379**, regarding the head injury or injuries you noted on the Report of Medical History. Please provide copies of treatment record (s) relating to above injury.
153. Please obtain an eye examination limited to field of vision. Visual field examination should be performed on an automated perimeter or a Goldmann perimeter and a copy of the chart should be forwarded to DoDMERB.

154. **NOT USED**
155. Please provide information regarding the extent of your participation in athletics during the past year. Indicate if you require any external supports, e.g. knee braces, lifts, etc. Have you ever been restricted in your athletic participation because of _____ or for any other reasons? If so, explain in detail.
156. For Air Force ROTC only, please obtain a detailed orthodontic treatment plan regarding correction of an otherwise disqualifying malocclusion for the Air Force ROTC Four-Year Scholarship Program. This treatment plan must include the date of initiation of treatment and estimated completion date. Indicate the method of treatment (Begg, Edgewise technique) and whether orthognathic surgery will be required. Also include a signed statement from either you or your parents accepting financial responsibility for this treatment and agreeing to have the work accomplished prior to graduating from college. Send both the treatment plan and the statement to DoDMERB.
157. Please obtain a standard bronchoprovocation pulmonary function study. This test can be conducted utilizing standard methacholine or histamine challenge protocol. **Bronchoprovocation testing should be performed by a board certified pulmonologist or allergist.**
158. **NOT USED**
159. Please complete and return the **attached DD Form 2378**, statement of History Regarding Headaches. IF YOUR HEADACHES HAVE BEEN DIAGNOSED BY A PHYSICIAN, PLEASE PROVIDE COPIES OF ALL TREATMENT RECORDS, if you have not already done so.
160. **NOT USED**
161. **NOT USED**
162. **NOT USED**
163. Please indicate how long your contact lenses were moved prior to your eye examination, and if the lenses are hard, gas permeable, or soft. For a valid examination, contact lenses must be removed a minimum of 3 days for soft lenses and a minimum of 21 days for hard and gas permeable lenses. If your lenses were NOT removed the required period of time before your examination, the refraction is invalid and cannot be used. If this is the case, provide DoDMERB the following information only after the appropriate lens free period:
- a. Uncorrected visual acuities (distance and near),
 - b. A copy of the results of a manifest refraction, with best corrected visual acuities (distance and near), and
 - c. Your signed statement verifying your lens-free period.
164. **NOT USED**
165. Please provide a CURRENT (within 45 days of receipt of this letter) evaluation by an ear, nose, and throat (ENT) specialist regarding your deviated nasal septum. Evaluation to include degree of air blockage, symptomatology, if any, and need for corrective surgery.
166. **NOT USED**
167. **NOT USED**
168. **NOT USED**
169. Please call DoDMERB at (719) 333-3562, have this letter in hand when you call. Inform the appropriate Army, Navy, or Air Force secretary you need to speak to a reviewer regarding **Remedial Code #169**.

170. Please provide this board with the following information:
- a. Copies of treatment and/or hospitalization records regarding a history of a convulsive disorder.
 - b. CURRENT (within 45 days of receipt of this letter) consultation by a neurologist regarding a history of a convulsive disorder.
 - c. An electroencephalogram (EEG) taken within the last three months (send the original tracing not a copy).
171. **NOT USED**
172. **NOT USED**
173. Please provide a statement of your present health and medication(s) you are currently taking and allergies you may have or have had on the **attached DD Form 2372**. Give complete details about any and all medications you are taking (date medication was started, dosage, reason for taking it, etc.).
174. **NOT USED**
175. **NOT USED**
176. Please provide the results of a CURRENT (within 45 days of receipt of this letter) cycloplegic eye refraction with the examination results recorded on the **attached DD Form 2369**.
- NOTE:** Uncorrected distant and near visual acuity readings are to be obtained and recorded PRIOR to the instillation of drops into your eyes. Please indicate the type and amount of mydriatic solution used. If you wear hard or semi-soft contacts, they must be removed a MINIMUM OF 21 DAYS prior to examination and soft contacts must be removed a MINIMUM OF 3 DAYS (a full 72 hours) prior to examination. Please note that **NO INTERMITTENT REUSE** of your contact lenses is allowed during the period that they are to be removed.
- NOTE:** A Doctor of Optometry/Ophthalmology who will complete items 11 and 12 of DD Form 2369 may perform the cycloplegic refraction.
- CAUTION NOTICE:** Eye drops used in this test cause the eyes to have difficulty in focusing for a period of 18 to 20 hours. You are advised to have a pair of sunglasses with you for the examination and arrange for someone to drive you home.
177. Please provide copies (NOT ORIGINALS) of all documentation regarding injury or surgery to knee(s). This should include ALL records from the time the injury was first evaluated (e.g. emergency room, private physician, etc.); up to and through all treatment/surgery; radiologist's reports of any x-rays that were taken; follow-up appointments; and release to a certain level of activity. (Are there any restrictions on what you are able to do?)
178. **NOT USED**
179. **NOT USED**
180. **NOT USED**
181. Please provide the results of a CURRENT (within 45 days of receipt of this letter) echocardiogram.
182. The following item(s) are incomplete, illegible or have not yet arrived from the facility that accomplished your DoDMERB physical. It is recommended that you contact that facility to confirm whether or not you need to be retested. Your medical file cannot be finalized until this missing, incomplete or illegible information is received:
183. Please provide the results of a CURRENT (within 45 days of receipt of this letter) evaluation by an ear, nose, and throat specialist because of your history of ear surgery. Also, provide a copy of the surgical report done at the time of your surgery (ies).
184. **NOT USED**

185. Your present weight exceeds the height/weight standard. Please provide the measurements requested on the **attached DD Form 2632** so a body fat determination can be made. The measurements may be accomplished by a school nurse, family physician or qualified paramedical personnel. Ensure **ALL** measurements required for your gender are accomplished.

If you are found to be in compliance upon submitting results, it is your responsibility to maintain or further reduce the amount of body fat percentage, prior to induction date, as the requirements will become stricter once you enter cadet program status.

186. **NOT USED**

187. Please provide a CURRENT (within 45 days of receipt of this letter) ophthalmological evaluation to include a dilated fundoscopic examination, diagnosis, past or present disability, treatment required, and prognosis regarding excessive refractive error to rule out underlying ocular pathology such as the presence of any hemorrhage, exudates, scars, opacities, and degeneration of the retina. Please indicate positive or negative history or evidence of orthokeratology or corneal refractive surgery of any type. A Doctor of Optometry/Ophthalmology may perform this evaluation.

CAUTION NOTICE: Eye drops used in this special test cause the eyes to have difficulty in focusing for a period of 4 to 6 hours. You are advised to have a pair of sunglasses with you for the examination and arrange for someone to drive you home.

188. **NOT USED**

189. Please include copies of pathology report(s) with requested records of surgery or biopsy.

190. **NOT USED**

191. **NOT USED**

192. **NOT USED**

193. **NOT USED**

194. **NOT USED**

195. **NOT USED**

200. Administrative request for further evaluation (program specific).

201. Regrettably, your case is non-rebuttable. Your only course of action to continue in the application process is to follow the waiver instructions on the attached information sheet.

225. Administrative process for waiver (program specific).

226. Administrative request for further evaluation (program specific).

500. DR SIGNATURE

500. PEND

TATTOO TATTOO OR BODY PIERCING

- 001. Refractive error only meets potential navigator standards
- 002. Refractive error only meets commissioning standards
- 003. Refractive error in excess of flying standards
- 004. Refractive error greater than +2.00 diopters in any meridian
- 005. Refractive error greater than +3.00 diopters in any meridian
- 006. Refractive error greater than +5.50 diopters in any meridian
- 007. Astigmatism greater than 0.75 diopters
- 008. Astigmatism exceeding the acceptable standard
- 009. Astigmatism greater than 3.00 diopters
- 010. Anisometropia (difference between the maximum refractive error in any meridian) greater than 3.50 diopters
- 011. Unaided distant visual acuity worse than 20/20
- 012. Anisometropia (difference between the maximum refractive error in any meridian) greater than 2.00 diopters
- 013. Unaided distant visual acuity worse than 20/50
- 014. Anisometropia (difference between the maximum refractive error in any meridian) greater than 2.50 diopters
- 015. Near visual acuity worse than 20/20
- 016. Refractive error less than plano in any meridian
- 017. Esophoria greater than diopters
- 018. History of anterior and/or posterior cruciate ligament injury of the knee
- 019. Exophoria greater than 6 diopters
- 020. Refractive error greater than + or - 7.00 diopters in any meridian
- 021. Absence of one kidney
- 022. Hyperphoria greater than 1.5 diopters
- 023. Renal calculus (kidney stone) within the preceding twelve months
- 024. Heterotropias or strabismus exceeding standard
- 025. Hypothyroidism requiring maintenance medications
- 026. Acne requiring oral medications for control
- 027. Substandard depth perception
- 028. Substandard color vision

- 029. Failure of the red lens test
- 030. Substandard auditory acuity
- 031. A deviated nasal septum
- 032. History of allergic rhinitis and/or symptoms consistent with chronic allergic rhinitis
- 033. History of reactive airway disease including asthma, asthmatic bronchitis, or exercise induced bronchospasm at any age. Your file has been reviewed by a committee of physicians at DoDMERB. Their decision is final and rebuttals will not be accepted or considered at DoDMERB. However, if you wish to continue to pursue entrance into a service academy, ROTC scholarship program, or the Uniformed Services University of the Health Services, you will be required to obtain a waiver for this condition.
- 034. Chronic allergic rhinitis, currently under control with allergy injection treatments/desensitization program. Applicant must be completely free of injections for a minimum of one year and proven to have the condition under control with over-the-counter/prescribed medications alleviating symptoms.
- 035. Miscellaneous disqualification - abdomen and gastrointestinal system:
- 036. Inability to perform Valsalva maneuver
- 037. History of traumatic pneumothorax within the past year
- 038. History of chorioretinitis
- 039. NOT USED
- 040. History of spontaneous pneumothorax within the last 3 years
- 041. Unspecified respiratory condition requiring relief with bronchodilators
- 042. Congenital heart disease
- 043. Blood pressure above acceptable standards
- 044. Hypertension (high blood pressure)
- 045. Abnormal electrocardiogram
- 046. Complete right bundle branch block (EKG)
- 047. Wolff-Parkinson-White (WPW) syndrome (EKG)
- 048. Heterotropia/phoria exceeding standards for rated operations
- 049. History of radial keratotomy or other ophthalmic surgery to modify the refractive index of the cornea
- 050. History of peptic ulcer
- 051. Proteinuria
- 052. History of skull fracture
- 053. History of head injury with residual abnormal electroencephalogram

- 054. History of migraine headaches
- 055. Lack of adaptability for officer training programs
- 056. Speech defect
- 057. Miscellaneous disqualification - blood and blood-forming tissue disease:
- 058. Sleepwalking past age 12
- 059. Abnormal pulmonary function test improved with bronchodilators which is consistent with unspecified airway disease
- 060. Refractive error greater than + or – 6.00 diopters in any meridian
- 061. History of vertebral fracture within the past year
- 062. Spondylolisthesis
- 063. Severe acne
- 064. History of atopic dermatitis
- 065. History of psoriasis
- 066. Standing height in excess of 77 inches
- 067. Miscellaneous disqualification - dental:
- 068. Standing height less than 66 inches
- 069. Standing height less than 64 inches
- 070. Excessive sitting height
- 071. Dental malocclusion
- 072. Orthodontic appliances in place
- 073. Organic heart murmur
- 074. Weight exceeding the acceptable standard of _____ pounds for a height of _____ inches
- 075. Allergies requiring **current** hyposensitization
- 076. Motion sickness
- 077. Varicocele or hydrocele which may be surgically corrected
- 078. Hernia which may be surgically corrected
- 079. Standing height in excess of 78 inches
- 080. Standing height less than 62 inches
- 081. Insufficient number of teeth

- 082. Body fat exceeding the established standard
- 083. Chronic or recurrent dislocation or subluxation of shoulder
- 084. History of fracture with residual defects
- 085. Knee derangement or instability
- 086. Abnormal electroencephalogram
- 087. History of seizure disorder
- 088. Distant visual acuity not correctable to 20/20 in each eye
- 089. Miscellaneous disqualification - ears and hearing:
- 090. Weight below the minimum acceptable standard of _____ pounds for a height of _____ inches
- 091. Refractive error greater than -8.00 diopters
- 092. Orthopedic conditions disqualifying for Airborne/Ranger (AROTC/CSB)
- 093. Miscellaneous disqualification for Airborne/Ranger (AROTC/CSB)
- 094. Cleft lip and/or palate with residual deformity
- 095. Miscellaneous disqualification – extremities:
- 096. Diplopia in one or more positions of gaze
- 097. Nystagmus
- 098. Miscellaneous disqualification – eyes and vision:
- 099. Miscellaneous disqualification – genitourinary system:
- 100. Sitting height less than 34 inches but more than 33 inches
- 101. History of kidney disease
- 102. Defect of extremities
- 103. Refractive error greater than -6.75 diopters (spherical equivalent)
- 104. Waiver granted by Academy
- 105. Near visual acuity worse than 20/40
- 106. Aphakia
- 107. History of vascular and/or tension headache
- 108. History of vertebral fracture involving more than one vertebra
- 109. History of colitis
- 110. Cataract

111. History of gastrointestinal resection
112. Perforation of tympanic membrane (eardrum)
113. Miscellaneous disqualification – heart and vascular system:
114. Miscellaneous disqualification – height, weight, and body build:
115. Nasal polyps or history of surgery for polyps within the past year
116. Miscellaneous disqualification – lungs and chest wall:
117. Severe pes planus
118. History of unconsciousness exceeding 24 hours
119. Miscellaneous disqualification – mouth, nose, pharynx, trachea, esophagus and larynx:
120. Miscellaneous disqualification – neurologic disorders:
121. Miscellaneous disqualification – psychoses, psychoneurosis and personality disorders:
122. Pilonidal cyst or discharging sinus and/or cystectomy within the past year
123. Distant visual acuity not corrected to 20/20 in better eye
124. Miscellaneous disqualification – skin and cellular tissues:
125. NOT USED
126. Osgood-Schlatter's disease, symptomatic or with objective radiological findings
127. History of diabetes in both parents
128. Undescended testicle which may be surgically corrected
129. Miscellaneous disqualification - spine, scapulae, ribs, and sacroiliac joints:
130. History of pericarditis
131. History of heart surgery
132. Chronic skin disease
133. Loss of bony substance of the skull
134. Miscellaneous disqualification – systemic disease and miscellaneous conditions and defects:
135. Blood alcohol confirmed positive at a level above 0.05
136. Urine drug screen confirmed as cocaine positive
137. Urine drug screen confirmed as THC positive
138. Severe, chronic, periodontal disease
139. Refusal to undergo drug and alcohol testing

- 140. History of herniated nucleus pulposus (vertebral disc)
- 141. History of allergic reaction to insect stings/bites
- 142. History of allergy to common foods
- 143. Miscellaneous disqualification – tumors and malignant disease:
- 144. History of gastrointestinal hemorrhage
- 145. Near visual acuity exceeds standard (non-rated ops)
- 146. Miscellaneous disqualification – venereal diseases:
- 147. Chronic dermatitis
- 148. Retained orthopedic fixation device
- 149. History of suicidal gesture
- 150. NOT USED
- 151. History of hematuria of unknown etiology
- 152. NOT USED
- 153. Miscellaneous disqualification – head and neck:
- 154. History of detached retina
- 155. Near visual acuity not correctable to acceptable standard
- 156. Distant visual acuity not correctable to acceptable standard
- 157. History of chondromalacia (knee)
- 158. Cardia arrhythmia (abnormal rhythm)
-)
- 159. History of malignancy
- 160. NOT USED
- 161. Refractive error greater than + or – 8.00 diopters (spherical equivalent)
- 162. NOT USED
- 163. Substandard near point of convergence
- 164. NOT USED
- 165. NOT USED
- 166. NOT USED
- 167. Glycosuria (sugar in urine)
- 168. NOT USED
- 169. Irremediable oral pathology

170. History of febrile seizure prior to age 5
171. (MJ NOTE)
- Marijuana use of two or more times is disqualifying for accession purposes
- NOTE: Applicant must pursue waiver processing.**
172. Diabetes mellitus
173. Qualified – Scholarship, Chapter 5, CSP
174. Qualified – Appointment, Chapter 2, CSP
175. Qualified – Airborne/Ranger training
176. Qualified – Combat Arms
177. NOT USED
178. NOT USED
179. Standard height less than 60 inches
180. Chronic urticaria (hives)
181. NOT USED
182. Dysmenorrhea
183. Acne requiring treatment with Accutane. “Accutane therapy must be discontinued for at least eight (8) weeks before DoDMERB can reconsider your medical status.” With your physician’s concurrence, we recommend completion of the prescribed course of therapy (usually 20 weeks), rather than abruptly stopping the medication in order to be qualified. Please have your physician let us know the date you completed therapy and the clinical results. In addition, eight (8) weeks following Accutane cessation, we will need:
- a. An opinion by your dermatologist regarding the clinical results of your treatment
 - b. Laboratory tests to include: a complete blood count, liver function tests, fasting cholesterol and triglycerides
 - c. A slit lamp and funduscopic evaluation of the eye
184. Carbohydrate intolerance
185. Reactive airway disease
186. History of middle ear surgery
187. NOT USED
188. NOT USED
189. NOT USED
190. NOT USED
191. Anemia
192. Residuals of club foot
193. NOT USED
194. NOT USED

195.	NOT USED
196.	NOT USED
197.	Mitral valve prolapse
198.	NOT USED
199.	NOT USED
200.	Miscellaneous disqualification
201.	Height less than 58 inches
202.	NOT USED
203.	NOT USED
204.	Antituberculosis therapy within the past two years
205.	NOT USED
206.	Hematocrit or hemoglobin below standards
207.	NOT USED
208.	NOT USED
209.	NOT USED
210.	NOT USED
211.	History of paroxysmal tachycardia
212.	NOT USED
213.	NOT USED
214.	NOT USED
215.	NOT USED
216.	Unaided distant visual acuity greater than 20/400
217.	Unaided distant visual acuity greater than 20/200
218.	Secondary amenorrhea, cause unknown
219.	NOT USED
220.	NOT USED
221.	NOT USED
222.	NOT USED
223.	NOT USED
224.	Pregnancy
225.	NOT USED
226.	Sitting height less than 33 inches
227.	Sitting height less than 33 inches
228.	NOT USED
229.	Ptosis (eyelid) that interferes with visual function/acuity

- 230. Refractive error greater than +8.00 diopters (spherical equivalent)
- 231. Eye abnormality – other.
- 232. NOT USED
- 233. NOT USED
- 234. Sleepwalking past age 12
- 235. Enuresis past age 12
- 236. NOT USED
- 237. NOT USED
- 238. Scoliosis exceeding standards
- 239. NOT USED
- 240. NOT USED
- 241. Reviewed for Navigator training only, CSP
- 242. Reviewed for Missile Duty only, CSP
- 243. Reviewed for non-flying category only, CSP
- 244. Reviewed for commission only. Flying determination will be made in sophomore year of AFROTC.
- 245. NOT USED
- 246. History of spinal fusion
- 247. Waiver denied by the Naval Academy
- 248. Waiver denied by waiver authority
- 249. Waiver granted by reviewing authority
- 250. Waiver granted by Surgeon, USAF
- 251. Waiver granted by CNET or HQMC through CNET
- 252. Non-union of a fracture.
- 253. NOT USED
- 254. NOT USED
- 255. NOT USED
- 256. NOT USED
- 260. Pulse elevated above acceptable standards.
- 261. Substandard color vision \ nursing applicants
- 262. Unaided visual acuity not correctable to 20/20
- 265. Standing height exceeds military standards.
- 266. Standing height substandard for Flying Class III

- 267. Standing height less than 60 inches confirmed
- 268. Standing height less than 66 inches confirmed
- 269. Standing height in excess of 80 inches
- 300. Age does not meet standards
- 301. Corrected visual acuity exceeds standards.
- 302. Astigmatism > + or – 2.00 diopters
- 303. Physician's evaluation – age not acceptable
- 304. Physician's evaluation – medical exam taken date does not meet standards
- 305. Physician's evaluation – hemoglobin / hematocrit value not acceptable
- 306. Physician's evaluation – reading aloud test failed
- 307. Physician's evaluation – EKG read not acceptable
- 308. Physician's evaluation – pulse not acceptable
- 309. Physician's evaluation – urine level sugar not acceptable
- 310. Physician's evaluation – urine level protein not acceptable
- 311. Physician's evaluation – urine level microscopic exam not acceptable
- 312. Physician's evaluation – standing height not acceptable
- 313. Physician's evaluation – blood pressure not acceptable
- 314. Physician's evaluation – body fat exceeding standards
- 315. Physician's evaluation – hearing not acceptable
- 316. Physician's evaluation – visual phoria not acceptable
- 317. Physician's evaluation – red lens not acceptable
- 318. Physician's evaluation – visual refractive error not acceptable
- 319. Physician's evaluation – visual cylindrical not acceptable
- 320. Physician's evaluation – anisometropia not acceptable
- 321. Physician's evaluation – near point convergence not acceptable
- 322. Physician's evaluation – near visual accuity not acceptable
- 323. Physician's evaluation – distant visual acuity not acceptable
- 324. Physician's evaluation – color vision not acceptable
- 325. Physician's evaluation – sitting height not acceptable

